

## CLAIMS ONLY

Application Number

101806434

Filing Date

Application(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep.	Depend	Indep	Depend	Indep	Depend
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
9		/				
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48						
49						
50						
Total Indep	2					
Total Depend	24					
Total Claims	26					

\* May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
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54						
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60						
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Total Indep						
Total Depend						
Total Claims						